PTO/SB/21 (04-04)

				d Trademark Office:	; U.S. D	h 07/31/2006. OMB 0651-0031 EPARTMENT OF COMMERCE
	uction Act of 1995, no	o persons are required to respon Application Number		information unless	it displa	vs a valid OMB control number.
TRANSMITTAL		Filing Date	Filing Date			702
FOR		First Named Inven	tor	JOHN	12.	PIENKOS
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(to be deed to: an eerrosper.	correct arter militar mili	Examiner Name	minor Nome			DOLLI M
<u> </u>		Attorney Docket N	umber	BLECK,	M	COLYN M.
Total Number of Pages in Th	is Submission	8 Attorney Docket N		<del> </del>		
		ENCLOSURES (C	heck all that app	ply)		
	CREDIT CARD PAYMEM FORM)  claration(s) equest ent Request re Statement prity	Drawing(s)  Licensing-related Page Petition Petition to Convert to Provisional Application Power of Attorney, Rechange of Corresport Terminal Disclaimer Request for Refund CD, Number of CD(stemarks)	a on evocation dence Address	to Te	echnolo eal Con opeals a eal Con eal Noti orietary us Lette	sure(s) (please ow): とい らて
	SIGNATI	JRE OF APPLICANT,	ATTORNEY.	OR AGENT		
Firm or Individual name		V 7. PIE				
Signature	ديلا	Von				<u> </u>
Date	5	122/05				
	CEI	RTIFICATE OF TRANS	SMISSION/M	AILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
Typed or printed name	JOH	V T. PIE	ukos			
Signature	9.	e Pan			Date	5/22/05

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22/05

PTO/SB/17 (10-03)
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for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

Signature

TOTAL AMOUNT OF PAYMENT

Complete if Known				
Application Number	09/694,402			
Filing Date	10/22/00			
First Named Inventor	JOHN T. PIENKOS			
Examiner Name	BLECK, CAROLYN M.			
Art Unit	3626			
Attorney Docket No.				

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.    1804 920*   1804 920*   1805   1805   1806   1805   1807   1805   1807   1805   1807   180	METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Deposit Account:	Check Credit card Money Other None	3. ADDITIONAL FEES					
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Examiner action   Examiner   Examiner action   Examiner action   Examiner	Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*		
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(Attorney/Agent)	Name (Print/Type) JOHN T. PIENKOS						8-6201

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